Completing The Adult Preventive and Chronic Care Flow Sheet

DD Form 2766

Rev Apr 07

These slides must be viewed in “Slide Show” view.

DD Form 2766

- A Tri-service form
- Use for ADULTS
- Obtained through Navy Supply system

http://www.dtic.mil/whs/directives/infomgt/forms/formsprogram.htm

DD 2766 NSN 0102-LF-984-8400
DD 2766C (cont. sheet) NSN 0102-LF-984-9600

DD Form 2766

- SECNAV 6120 (under revision) Periodic Health Assessment
  - Requires documentation on DD2766
- BUMED NOTICE 6150 – Guidance on completing DD 2766
  - supercedes Chapter 16, Manual of Medical Department (under revision to reflect change)
- Documentation
  - face-to-face encounter
  - not solely a record review
  - all levels of providers use it
  - not only privileged providers

ADULT PREVENTIVE AND CHRONIC CARE FLOWSHEET

(This form is subject to the Privacy Act of 1974 – Use DD Form 2005)

1. ALLERGIES

a. MEDICATION ALLER

NKDA

2. CHRONIC ILLNES

HTN—Dx'd 1995

Hypothyroidism—Hashimoto's

Allergic rhinitis

ATIONS

Atenolol 50 mg qd

4. HOSPITALIZATIONS/SURGERIES

s/p appendectomy 1982

s/p R breast biopsy 1995--benign

5. COUNSELING

F	FITNESS

3. Medications - list current Rx's & OTC medications

This is the top of page 1 of DD Form 2766. Every patient should have pages 1 and 2 updated at every visit.

The remainder of page 1 must be completed in pen.

5. COUNSELING

F	FITNESS	a. DATE	1/10/00	3/17/00	6/20/00		
D	DENTAL	b. AGE	57	57	57		
I	INJURY PREVENTION	c. TOPIC	F, N, I	A—2/wk To—none	AD		
N	NUTRITION/FOLATE						
C	CANCER PREVENTION						
S	SAFE SEX	d. DATE					
FP	FAMILY PLANNING	e. AGE					
Rx	PRESENT MEDICATIONS	f. T					
MH	MENTAL HEALTH/STRESS/SUICIDE/OCCUPATIONAL STRESS						
H	HORMONE/CALCIUM REPLACEM						
To	TOBACCO						
A	ALCOHOL/SU						
T	TRAVEL						
O	OCC						

AD

AD

PA

I

This is the bottom of page 1--where counseling is documented.

On St. alcoho provider really only needs to enter the codes (A and To). However, he or she can enter more detail if desired (again, for easy reference in the future).

prevention (I).

adv

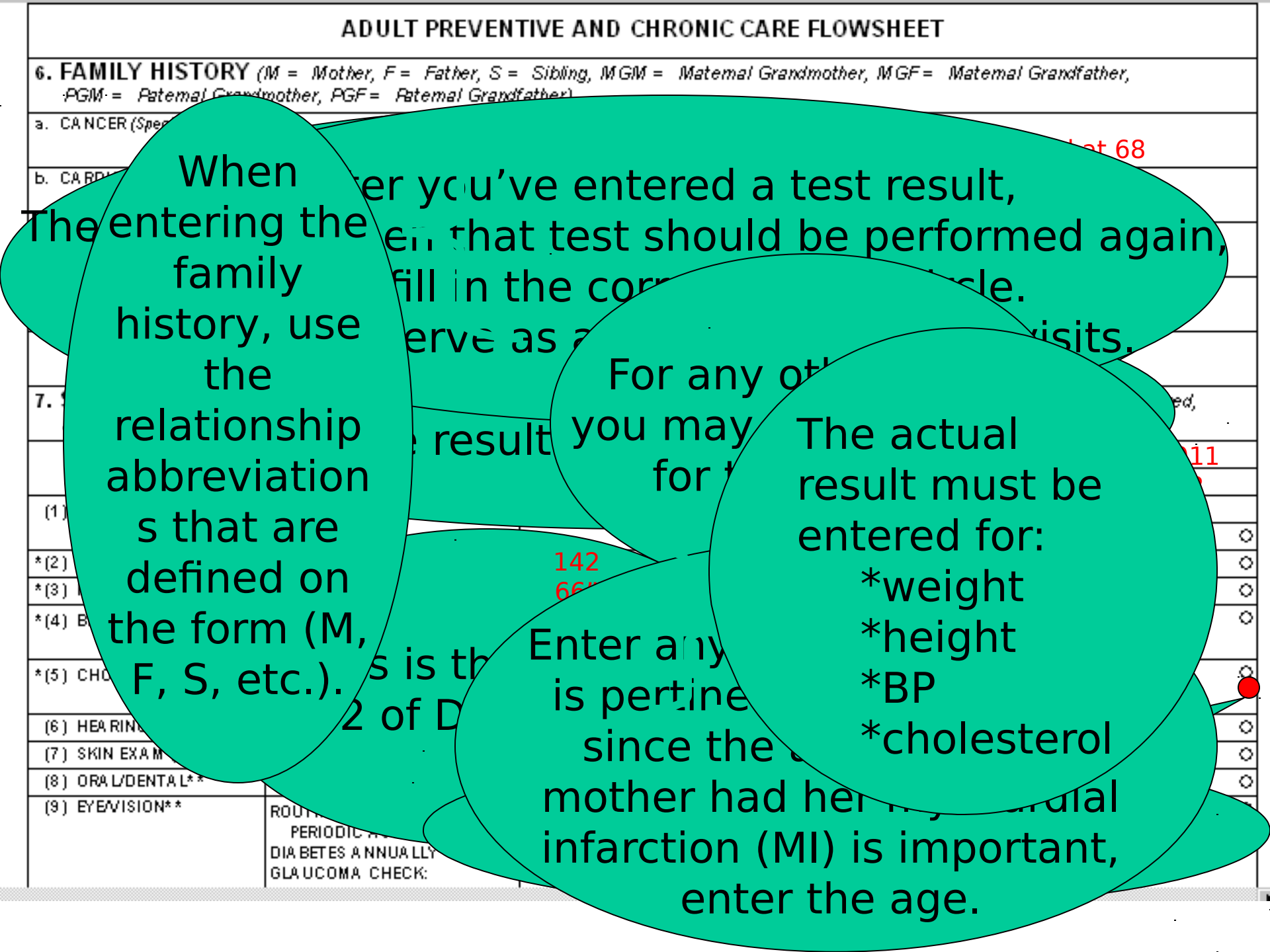
enter the date here.

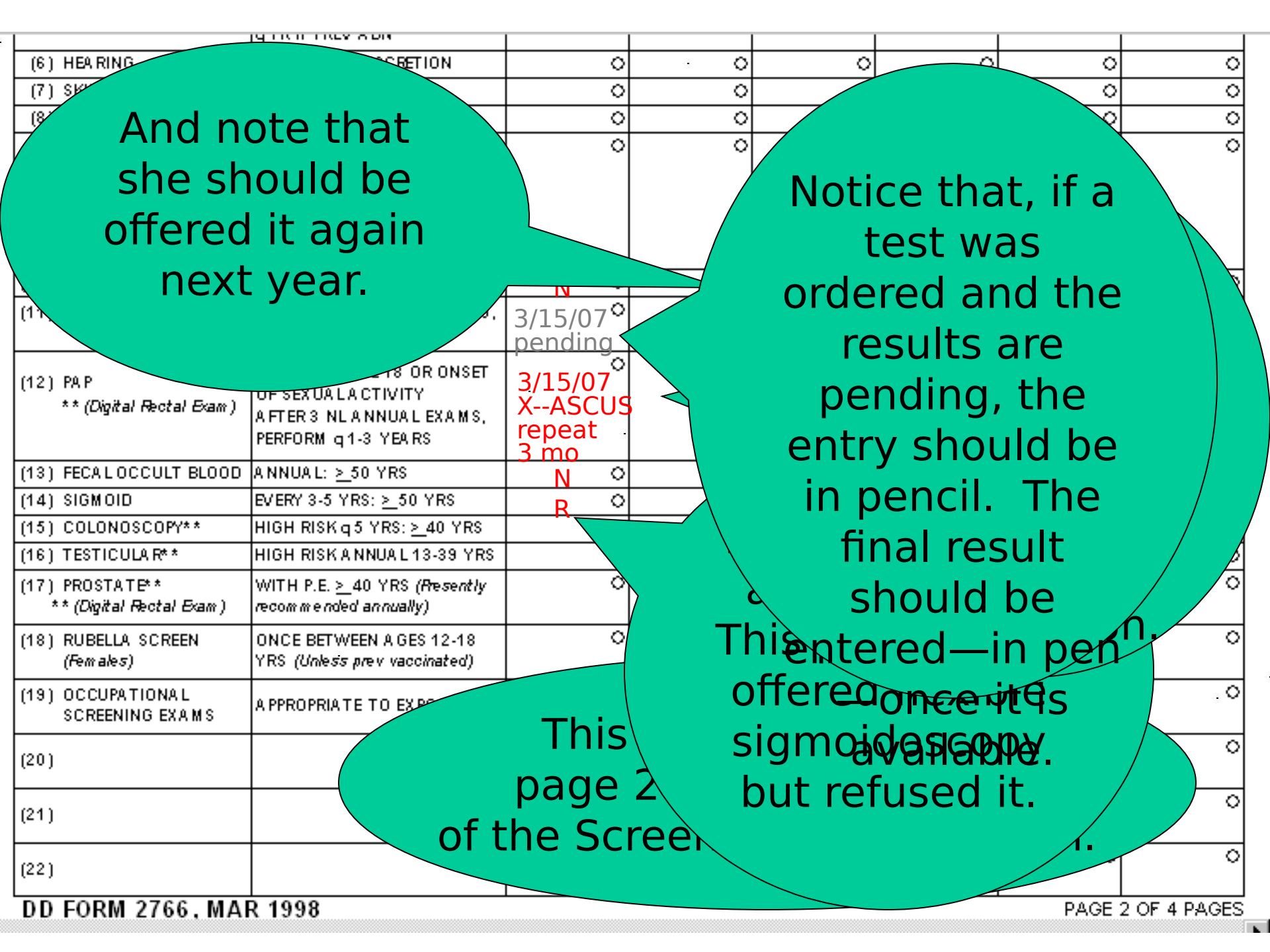
E

ICE

DATE OF BIRTH

30/123-45-6789


ADULT PREVENTIVE AND CHRONIC CARE FLOWSHEET
6. FAMILY HISTORY (M = Mother, F = Father, S = Sibling, MGM = Maternal Grandmother, MGF = Maternal Grandfather, PGM = Paternal Grandmother, PGF = Paternal Grandfather)
a. CANCER
b. CARDI
7.
(1)
*(2)
*(3)
*(4) B
*(5) CHO
(6) HEARIN
(7) SKIN EXAM
(8) ORAL/DENTAL**
(9) EYE/VISION**
ROUTI
PERIODIC
DIABETES ANNUALLY
GLAUCOMA CHECK:
142
66
68
11
When entering the family history, use the relationship abbreviations that are defined on the form (M, F, S, etc.).
er you've entered a test result,
en that test should be performed again,
fill in the cor
cle.
erve as a
isits.
result
s is th
2 of D
For any oth
you may
for t
The actual result must be entered for:
*weight
*height
*BP
*cholesterol
Enter an
is pertine
since the
mother had her
rdial infarction (MI) is important, enter the age.


And note that she should be offered it again next year.
Notice that, if a test was ordered and the results are pending, the entry should be in pencil. The final result should be entered—in pen.
This
page 2
of the Screen
offered
sigmoidoscopy
but refused it.
3/15/07
pending
3/15/07
X--ASCUS
repeat
3 mo
N
R
(6) HEARING
(7) SK
(12) PAP
** (Digital Rectal Exam)
(13) FECAL OCCULT BLOOD
ANNUAL: ≥ 50 YRS
(14) SIGMOID
EVERY 3-5 YRS: ≥ 50 YRS
(15) COLONOSCOPY**
HIGH RISK q 5 YRS: ≥ 40 YRS
(16) TESTICULAR**
HIGH RISK ANNUAL 13-39 YRS
(17) PROSTATE**
** (Digital Rectal Exam)
WITH P.E. ≥ 40 YRS (Presently recommended annually)
(18) RUBELLA SCREEN
(Females)
ONCE BETWEEN AGES 12-18 YRS (Unless prev vaccinated)
(19) OCCUPATIONAL SCREENING EXAMS
(20)
(21)
(22)
DD FORM 2766, MAR 1998
PAGE 2 OF 4 PAGES

ADULT PREVENTIVE AND CHRONIC CARE FLOWSHEET

8. OCCUPATIONAL HISTORY/RISK

a. PRP		YES		NO
b. FLYING STATUS		YES		NO

9. IMMUNIZATIONS *(Enter numeric class in sub block)*

(1) IMMUNIZATION	(2) DATE (DD/MM/YYYY)	(1) IMMUNIZATION	(2) DATE (DD/MM/YYYY)	(1) IMMUNIZATION	(2) DATE (DD/MM/YYYY)	(1) IMMUNIZATION	(2) DATE (DD/MM/YYYY)
a. HEP A #1		f. MMR #1		j. TD *(q 10 yrs) (Last)*			
b. HEP A #2		g. MMR #2		k. TD *(Due)*			
c. HEP B #1		h. PNEUM					
d. HEP B #2							
e. HEP B #3							
n. TYPHOID *block* TYPH							
o. AN							
p. PF *da*							
q. INFLU							
r. VARICELLA							
s. MENINGO							DATE
t. ADENO	(1) DATE				ATE		(3) DATE

Section 8. Occupational History: Document monitoring programs, e.g. hearing conservation, radiological, lead, asbestos; Occupational screening exams are highly dependent upon the patient's occupation and exposure history. If indicated, use blocks 7((20), (21), and (22)) to document occupational monitoring programs, e.g., hearing conservation, radiation, asbestos, lead, etc. Include date member was enrolled in and, if applicable, removed from the specific medical surveillance program(s). If unsure of which Medical Surveillance Programs service member is in, contact the Occupational Medicine (OM) Clinic (Ashore) or OM Point of Contact (Afloat) for your location. Ask the service member if they have any hearing problems or tinnitus (ringing in the ears). If they answer "yes" to either question, refer for a "Non-Hearing Conservation" audiogram

10. READINESS

* *(Glucose-6-phosphate dehydrogenase)*

a. DNA	DATE	b. BLOOD TYPE	DATE	RESULT	c. G6PD*	DATE	RESULT	d. SICKLE	DATE	RESULT	

ADULT PREVENTIVE AND CHRONIC CARE FLOWSHEET

8. OCCUPATIONAL HISTORY/RISK

a. PRP		YES		NO
b. FLYING STATUS		YES		NO

9. IMMUNIZATIONS *(Enter numeric class in sub block)*

(1) IMMUNIZATION	(2) DATE (DD/MM/YYYY)	(1) IMMUNIZATION	(2) DATE (DD/MM/YYYY)	(1) IMMUNIZATION	(2) DATE (DD/MM/YYYY)	(1) IMMUNIZATION	(2) DATE (DD/MM/YYYY)
a. HEP A #1		f. MMR #1		j. TD *(q 10 yrs) (Last)*			
b. HEP A #2		g. MMR #2		k. TD *(Due)*			
c. HEP B #1		h. PNEUM					
d. HEP B #2							
e. HEP B #3							
n. TYPHOID *block)* TYPH							
o. AN							
p. PF *da*							
q. INFLU							
r. VARICELLA							
s. MENINGO							DATE
t. ADENO	(1) DATE						(3) DATE

Section 9. Immunizations: Disregard this portion of the DD 2766;
Using an approved immunization database verify that immunizations are current; record as per local automated process

10. READINESS

* *(Glucose-6-phosphate dehydrogenase)*

a. DNA	DATE	b. BLOOD TYPE	DATE	RESULT	c. G6PD*	DATE	RESULT	d. SICKLE	DATE	RESULT

t. ADENO	(1) DATE	(2) DATE	w. OTHER *(Specify)*	(1) DATE	(2) DATE	(3) DATE

10. READINESS * *(Glucose-6-phosphate dehydrogenase)*

a. DNA	DATE	b. BLOOD TYPE	DATE	RESULT:	c. G6PD*	DATE	RESULT:	d. SICKLE CELL	DATE	RESULT:

e. PERMANENT PROFILE CHANGE	(1) DATE	(5) H:	(6) E	(7) S:

f. GLASSES/GAS MASK Rx:	(6) DATE

g. DENTAL EXAM
class in sub

h. HIV TES

i. FIT
P

11.

a. L

(1) PRE

(2) POSTD E

b. LOCATION

(1) PREDEPLOYMENT						(f) DATE
(2) POSTDEPLOYMENT	(a) DAT				E	(f) DATE
c. CHART AUDIT						

Section 10. Readiness: Verify that a.-d. documented
If automated, use printout instead.
10e.(1) Enter date, if on LIMDU or awaiting PEB.
10.e, (2) through (7): Disregard
10.f. Write optometry Rx if missing
10.i. Document clearance for PRT based on PARFQ and member interview

Section 11. Deployment: Identify past deployments and verify completion of post-deployment and reassessment forms (DD 2796/DD2900) in the medical record; ask if member currently has deployment related health concerns

ADULT PREVENTIVE AND CHRONIC CARE FLOWSHEET

(Continuation Sheet)

TEST	FREQUENCY	DATES					
		(a)	(b)	(c)	(d)	(e)	(f)

And, finally, page 4.
This page is simply a continuation sheet, which can be used for additional prevention screening tests.

NOTE: In addition to completing the DD Form 2766, these processes are also documented in AHLTA or on NAVMED 6120/4